Best Available Copy Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS AS	FILED - (Column		l (Colui	mn 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			<u>(9</u>				RATE	· FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	£ 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			69 minus 20=		• 49		∕∂X\$ 9=	44.00	OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		4		, X40=	160	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTAL	956-es	OR	TOTAL	
CLAIMS AS AMENDED - PART II									•	OTHER	
		(Column 1)		(Colum		(Column 3)	SMALI	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 70	Minus	-69	2_	= /	. X\$ 9=	9	ÓR	X\$18=	
AME	Independent	NTATION OF MI	Minus	7	T CLAIM	=	X40=		OR	X80=	
<u> </u>	FINST PRESE	NIATION OF MI	JEHIPLE DEF	ENDEN	CEAR		+135=		OR	+270=	
							· TOTA		OR	TOTAL ADDIT, FEE	
		(0.1		10-1	0\	(Column 3)	ADDIT. FE	t L	1	ADDIT. FEE	E
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	l —	ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	7	0	=	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	··· ·	<u>+</u>]=	X40=		OR	X80=	
L	FIRST PRESE	NIATION OF MI	ULTIPLE DE	ENDEN	CEAN		+135=		OR	+270=	
							TOTA		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. FE		•••	AUDIT, FCE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER MOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=	X\$ 9=		OR	X\$18=	
	Independent		Minus		IT OL 412.	=	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
	If the entry in colu	mn 1 is less than I	the entry in col	umn 2, wri	te "0" in co	olumn 3.	TOT/		OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PTC/SB/22 (03-03)

Approved by use through 07/31/2006. CMB 0651-0021

U.S. Patient and Traderren't Office: U.S. DEPARTIMENT OF COMMERCE

B. B. Collection of Information unless

PETITION FOR EXTENSION OF TI		Docket Number (Optional)	רֹ						
	in re Application of	294438011US1	4						
	Kenneth H. Abbott								
	09/824,900	Filed April 2, 2001	7						
	SOLICITING INFORMATION BASED CONTEXT	1							
	Group Art Unit 2172	Examiner	1						
This is a request under the provisions of raply in the above identified application.	37 CFR 1.136(a) to extend the period for	Tem V. Nguyen							
The requested extension and appropriate (check time period desired);									
☐ One month (37 CFR 1.17(a)(1))		\$ 110							
☑ Two months (37 CFR 1.17(a)(2))	· •	\$ 110	-						
☐ Three months (37 CFR 1.17(a)(3		\$ 420							
Four months (37 CFR 1.17(a)(4))		\$ 950							
Five months (37 CFR 1.17(a)(5))		\$ 1,480							
Applicant claims small entity status.	See 37 CFR 1 27 Therefore the for any	\$ 2,010							
above is reduced by one-half, and the	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$210.00.								
8	A check in the amount of the fee is enclosed.								
T .	Payment by credit card. Form PTO-2038 is attached.								
The Director has already been author application to a Deposit Account.									
The Director is hereby authorized to c credit any overpayment, to Deposit Ac I have enclosed a duplicate copy of th	SCOUNT NO 50-0868	equired, or							
I am the applicant/inventor									
assignee of record of the er Statement under 37 CF	ntine interest. See 37 CFR 3.71. R 3.73(b) is enclosed. (Form PTO/SB/96)	·							
Stomey or agent of record.		"							
attorney or agent under 37 in Registration number if acting	CFR 1 34(a).	·							
WARNING: Information on this form ma on this form, Provide credit card inform	y become public. Credit card information e ation and authorization on PTO-2038.	pepular not be included							
November 20, 2003	-2-								
Date	Signa	ture							
(206) 359-8000	laman A	D 14/5-2-							
Telephone Number	James A. Typed or prir	nted name							
NOTE: Signatures of all the inventors or assigned multiple forms if more than one signature is requin	s of record of the entire interest or their represented, see below.	tative(s) are required. Submit							
Total of one form is submitted.									
This form is estimated to take 6 minutes to complete. Three will va- to complete this form should be sent to the Crisal information Oth FORIAS TO THIS ADDRESS. SEND TO: Constitutioner for Pale	ny diplending upon the needs of the brilvious case, Any commo cor, U.S. Patent and Tracement Office, Warnington, DC 20021 ents, P.O. Box 1450, Alexanstria, VA 20313-4450.	DO NOT SEND PEED ON COMPLETED	3 0 01 191090						